



**ARKANSAS  
STATE BOARD OF REGISTRATION  
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203**

[www.state.ar.us/pels/](http://www.state.ar.us/pels/)

Phone (501) 682-2824

Fax (501) 682-2827

Office of Registrar \_\_\_\_\_(CollegeName)

Applicant's Name: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Phone \_\_\_\_\_

Dear Sir or Madam:

The above named individual has filed, with this Board, an application for registration as a professional engineer under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Degrees and Date Received: **ONLY** a registrar may complete this form.

*Registrar Completes: place college seal here*

**Correct:**\_\_\_\_\_

**Incorrect:**\_\_\_\_\_

Registrar's name\_\_\_\_\_

Phone number\_\_\_\_\_

Date:\_\_\_\_\_

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,  
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS**

Note: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.